

Effective January 1, 2003

Application or Docket Number

10-618-153

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	* 4
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY  
TYPE ☐

OR

**OTHER THAN  
SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	72
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	822

SMALL ENTITY OR OTHER THAN SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
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OF

RATE	ADDITIONAL FEE
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X\$ 9=	OR	X\$18=
X42=	OR	X84=
+140=	OR	+280=
TOTAL	OR	TOTAL
ADDIT. FEE	OR	ADDIT. FEE

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
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LOP

RATE	ADDITIONAL EFF
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X\$ 9=	OR	X\$18=
X42=	OR	X84=
+140=	OR	+280=
TOTAL ADDIT EFF	OR	TOTAL ADDIT EFF

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."**

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.